

REGION I AGING SERVICES

Karen Quick, Regional Aging Services Program Administrator

Serving: Divide, McKenzie and Williams Counties



August 2008



INSIDE THIS ISSUE:

Page 2: Is It Normal - Or A Warning Sign? & Senior Voting Rights Explained in Video

Page 3: Governor's Committee on Aging; Are You Ready?-Emergency Readiness

Page 4-6: ND Family Caregiver Support Program

Page 7: Fair Housing of the Dakotas & Long-term Care planning

Page 8: Ten Walking Tips

Page 9-12: Nutrition

Page 12&13: Alzheimer's

Page 13: Stroke Awareness

Page 14: Diabetes & Legal Hotline

Page 14-15: Medicare Fraud & Abuse

AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Karen Quick** at 774-4685 or kquick@nd.gov

You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region.

Northwest Human Service Center makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Northwest Human Service Center** is an equal opportunity employer.

MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

*Region I Newsletter compiled
by WCHSC aging services unit*

*Layout & design by
Peggy Krein, WCHSC*



Is It Normal - Or a Warning Sign?

Here's how the Alzheimer's Association distinguishes between normal forgetfulness and warning signs of dementia that warrant a doctor's attention.

	Normal	Warning Signs
Memory	You occasionally forget names or appointments.	You can't recall recently learned information
Familiar Tasks	You occasionally forget why you came into a room or what you were going to say.	You find it hard to plan or complete everyday tasks. You lose track of the steps to prepare a meal, place a call or play a game.
Language	You sometimes have trouble finding the right word.	You forget simple words or use unusual words, like "that thing for my mouth" instead of "toothbrush."
Orientation to time and place	You sometimes lose track of what day of the week it is or where you were going.	You get lost in your own neighborhood, or forget where you are or how you got there.
Judgment	You sometimes make questionable decisions.	You give away large sums of money to strangers or wear multiple layers of clothing on a warm day.
Abstract thinking	You sometimes find it difficult to balance your checkbook.	You forget what numbers are or how they are used.
Misplacing things	You sometimes forget where you put your keys or important papers.	You put an iron in the freezer or a watch in the sugar bowl.
Personality and mood	Your personality changes somewhat with age. Sometimes you feel moody or sad.	You undergo a dramatic change in personality, with rapid mood swings. You become suspicious, confused or highly dependent.
Initiative	You sometimes feel tired of work or social obligations.	You become extremely passive, sleep more than usual and withdraw from socializing.

The Washington Post

Senior Voting Rights Explained in Video



The Secretary of State's office has produced a voter education video to assist senior voters in understanding their voting rights and responsibilities. The video, also available on CD-ROM, highlights voting options for people who may travel out of state for extended periods of time or voters who reside temporarily in nursing homes, hospitals or assisted living facilities. Regardless of whether you vote absentee or in-person, with a pen or with the help of technology, your vote is counted and your voice is heard where it matters most – where you live!

Copies of the video and CD-ROM are available for check-out from AARP North Dakota by calling (701)355-3642 or toll-free (866)554-5383, (ask for Linda Wurtz). We would encourage you to show the video at local senior centers, service clubs and other appropriate gatherings.

You can also obtain information on this video and your voting options from your local county auditor's office or by calling the North Dakota Secretary of State's office at (800)352-0867.

Re-printed from AARP North Dakota News

Governor's Committee On Aging – An Overview

The Governor's Committee On Aging was established to act as an advisory body to the Aging Services Division as set forth in the Older Americans Act of 1965. Through the exchange of ideas and information on national, state and local levels relating to aging; the committee also acts as an advocacy body for seniors in the state of North Dakota. The committee's 14 members are appointed by the Governor to three-year terms. These members represent all eight regions including the five tribal councils. The Governor's Committee on Aging holds open meetings quarterly each year.

***Vacancy from Trenton Indian Service Area – go to this website to find out more about the committee and on the left side, find the application to fill out to be considered for the Governor's Committee on Aging: http://www.governor.nd.gov/boards/boards-query.asp?Board_ID=5

Are You Ready?

Just in Case: Emergency Readiness for Older Adults and Caregivers

The US Administration on Aging's National Family Caregiver Support Program and Caresource Healthcare Communications, Inc. are pleased to announce the new consumer guide *Just In Case: Emergency Readiness for Older Adults and Caregivers*.

This free consumer resource includes a 12-page fact sheet and checklist that will help older adults and caregivers prepare for emergencies. Special emphasis is placed on issues that affect older adults, disabled persons, and their caregivers due to medical conditions, physical challenges, assistive devices, and mobility issues.

Just in Case presents an easy-to-do three step approach to emergency preparedness:

- Step 1 focuses on a handful of essential things a person should know.
- Step 2 covers emergency supplies, both for surviving at home and for evacuation if necessary.
- Step 3 is creating a personal plan that takes into account a person's own unique medical and physical needs.

Just in Case is a supplement to *Aging in Stride*, a 380-page guide to healthy aging and effective eldercare. The new supplement is available as a free consumer resource at the Aging in Stride website www.aginginstride.org, on the Administration on Aging's website www.aoa.gov, and included with purchases of the book *Aging in Stride*. *Aging in Stride* is available at www.aginginstride.org or by calling (800)448-5213.

ND Family Caregiver Support Program

The well-known writer Mark Twain wrote: “The difference between the right word and the almost right word is the difference between the lightning and the lightning bug.” As with all relationships, effective communication is the most important skill for family caregivers. Communication with the medical professionals; elder care providers such as Meals on Wheels and home-health staff; and with siblings is essential for safe and effective caregiving.

The most important communication that a caregiver may most need to improve, however, is communication with the care recipient! Most older adults are independent and have their own ideas and opinions about their lives.

Most people will admit that the biggest problems in relationships involve communication. Below are ideas for caregivers to improve communication to avoid problems and improve the overall care of a parent, spouse or other care recipient.

Top Ten Communication Basics Between Caregivers and Care Recipient

1. **Breath.** Take a couple of deep breaths before you start a conversation. If the conversation becomes emotional or difficult, stop and take another few deep breaths to help you calm down and focus.
2. **Really listen.** As someone once said: “There is a reason that we have two ears and one mouth.” Listen to what the person says and check out what the person is hearing you say. For example, “Do you agree that we might want to call the nurse and talk to her about this problem with your medication?” Listen to silence. Silence allows someone to think about what is being discussed or about a response.
3. **Ask questions.** Find out what is really going on. Are you assuming some things about what the other person is saying because you think you know everything that is going on?
4. **Use body language to improve communication** (non-verbal cues in how you use eye contact, gestures, and your distance from the person). Look the person in the eye. Lean into the person or put a hand on the person's arm or shoulder, but remember that not everyone likes to be touched.
5. **Slow down.** Take your time. Avoid trying to talk about and do everything at once. Communication at an even pace allows everyone to think through the conversation and how to respond.
6. **Pay attention to what the person is saying and how they are behaving.** Do the words and the behavior match? Could the person be talking about something very different than what they really want, but they do not know how to say it or ask for something? Be aware that fear may make someone hesitate to say what is really going on. Most care recipients fear admitting to certain problems and concerns that may lead to a further loss of independence.
7. **Talk directly to the person.** It may be easy for caregivers to ‘multi-task’ as they prepare meals, do laundry, take someone to the grocery store, or accompany a parent to a doctor appointment. Set aside time to have one-on-one conversation. This may save time in the long run because misunderstandings can be avoided. If the care recipient feels heard and

understood, he/she may talk about something that is a concern. Identifying concerns and problem-solving can avoid problems later.

8. **Speak distinctly and clearly - but not louder.** Some older adults do not like to admit that they may not hear and understand conversations around them. The higher pitch of many women's voices may be a problem for some older adults so women may need to consciously lower their voice.
9. **Avoid arguing.** Listen to concerns and try to understand the other person's experience and opinions. Remember that it is still his or her life and care. Focus on meeting unmet needs and not conflict.
10. **Use humor when appropriate.** Humor can help ease tension. Most caregivers and care recipients know each other well enough to find humor in the situation.

For more information contact www.FamilyCaregiversOnline.net

Caregiving: The Power of Positive Attitude

Your attitude toward the challenges of caregiving will make it easier or more difficult for you to deal with them. If you have an optimistic attitude, you are more likely to expect that a positive outcome is possible and to focus on what you can do when faced with a change or decision. With a pessimistic attitude, focus is on the negative. Being optimistic doesn't mean you suppress your feelings when dealing with a difficult situation or decision. It's perfectly normal to feel discouraged, angry, fearful, anxious, sad and uncertain. However, people who are optimistic get beyond these feelings to make the most of a situation.

An optimistic attitude helps you avoid depression, helps you focus, and motivates you to move forward. Studies also show that an optimistic attitude may help you avoid getting sick during stressful times. On the other hand, a pessimistic attitude – for example, thinking nothing can be done – will probably keep you from looking for ways to deal with the changes you face and will increase feelings of helplessness. And, it might even put your health at risk.

Optimism creates possibilities and hope; pessimism destroys them. How you view events can either enhance or undermine your ability to master a transition.

To determine if you tend to be optimistic or pessimistic, complete the following. Check "yes" if you agree with the statement; check "no" if you don't agree.		
<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Caregiving problems are never-ending.
<input type="checkbox"/>	<input type="checkbox"/>	Good things that happen are only brief moments in time.
<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness casts a dark cloud over every area of my life.
<input type="checkbox"/>	<input type="checkbox"/>	I am responsible for making the care receiver happy.
<input type="checkbox"/>	<input type="checkbox"/>	Nothing can be done to make my situation better.

If you checked “yes” to any of the previous statements, your attitude tends toward pessimism and may be inhibiting your ability to deal with change and to make sound decisions.

You can become more optimistic by applying these tools:

- View setbacks as temporary.
- View bad things as specific, not universal.
- Seek solutions to problems.
- Give yourself credit for what you do.
- Recognize beliefs are not facts.
- Practice positive self-talk.

<u>Optimistic Outlook</u>	<u>Pessimistic Outlook</u>
<p>“Things usually work out eventually.” <i>(Sees bad events as temporary that will pass. Shows hopefulness.)</i></p>	<p>“Things never seem to work out.” <i>(Sees bad things as permanent and unchangeable. Sees good as fleeting. Believes nothing can be done so does nothing.)</i></p>
<p>“Despite the stroke we still enjoy each other and our fishing trips.” <i>(Sees life as generally good with a negative event affecting only a part of life.)</i></p>	<p>“The stroke has ruined our retirement years.” <i>(Sees a negative event affecting entire life. Causes feelings of grief and loss for a future now viewed as gone.)</i></p>
<p>“Strokes happen. I’m looking at what we can do to prevent another stroke.” <i>(Does not blame self for situations or behavior cannot control. Willing to take credit for good things.)</i></p>	<p>“If I had insisted Norm quit smoking and fixed healthier meals, he probably would not have had a stroke.” <i>(Blames self for negative situations over which has no control.)</i></p>

Summary

The goal is to achieve a positive attitude based on present reality. Because you have control over your attitude, reaching this goal is up to you. If your current attitude is based on wishful thinking about the past, you can change it by how you deal with change and transition.

If you view a setback as “ruining your entire life forever,” you can change your perspective by identifying parts of your life untouched by the setback. If you view mistakes as opportunities to learn instead of signs of personal failure, you can avoid repeating them. If negative thinking and unfair self-criticism undermine your self-confidence, and paralyze your creativity, you can challenge the negativity with facts that make the criticism untrue.

Source: *The Caregiver Helpbook; Powerful Tools for Caregiving*

Fair Housing of the Dakotas (FHD) is a non-profit organization serving North & South Dakota with a mission to work to eliminate housing discrimination and to ensure equal housing opportunities for all. The FHD provides assistance to individuals pursuing legal rights and remedies related to fair housing, offers housing assistance and counseling, provides community education, promotes community involvement and performs research in the area of housing.

The Federal Fair Housing Act makes it illegal to discriminate in the rental, sale or financing of housing due to a person's race, color, religion, national origin, gender, familial status and disability. ND state law also protects age (40 and over) and status with respect to marriage and public assistance.

For information on filing a housing discrimination complaint, contact the Fair Housing of the Dakotas 1-888-265-0907, the ND Dept. of Labor 1-800-582-8032 or HUD 1-800-877-7353.

The FHD web site located at www.fhdakotas.org has several publications online regarding fair housing – choose the What is Fair Housing link to view the list of publications online. Email info@fhdakotas.org

HHS LAUNCHES NEW WEB SITE PROMOTING LONG-TERM CARE PLANNING Essential Planning Tool to Help Americans Own Their Own Future

HHS' Assistant Secretary for Aging Josefina G. Carbonell announced a new Web site that will make it easier for consumers to get the information they need to plan for long-term care. The National Clearinghouse for Long-Term Care Information Web site provides comprehensive information about long-term care planning, services and financing options, along with tools to help people begin the planning process.

The clearinghouse Web site is designed to increase public awareness about the risks and costs of long-term care and the potential need for services, and to provide objective information to help people plan for the future. The clearinghouse Web site was designed by HHS' Administration on Aging (AoA), Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE).

The new Web site also supports the "Own Your Future" education campaign, a joint federal-state initiative designed to increase consumer awareness about planning for long-term care. HHS recently announced new federal-state partnerships with several states designed to help Americans take an active role in planning ahead for their future long-term care needs.

For more information about the "Own Your Future" campaign and the National Clearinghouse for Long-Term Care Information, please visit www.longtermcare.gov



TEN WALKING TIPS



The Principle of Recovery

As Edward Payson Weston advised – after any walking performance, you should always be able to come back the very next day and repeat it. Weston himself often walked 50 miles a day, day after day.

When to Walk

Walk anytime! If you walk after meals, slow down enough to give digestion a chance. No time is better than the time that suits you. Regularity is the key factor.

Natural Gaited Walking

The best walking technique is the one that's natural for you. Walking with weights (ankle weights or hand weights) is unnatural. Weights change your center of gravity, rhythm and biomechanics, not to mention the ballistic stress they put on your connective tissues.

3 ½ MPH Walking

3 ½ mile-per-hour pace causes little fatigue or leg soreness and is a pace most family members can manage if walking together. At 3 ½ mph, stored fat becomes the major source of fuel for your working muscles.

Hills

In climbing, lean forward into the hill. Do not hesitate to slow up your pace. In descending, shift your weight back, taking shorter shuffle steps.

Warming Up & Cooling Down

Walking is the best warm-up/cool-down exercise because it doesn't strain cold muscles, and it helps the heart and blood vessels adjust gradually to blood circulation changes. If you are a 4 mph walker for example, consider warming up (and cooling down) at 3 ½ mph.

Daytime Foot Care

"Listen" to your feet talk. When they start whispering "we're getting warm", that's the time to slip off your shoes. Immediately! Then air cool, clean and re-powder your feet.

Nighttime Foot Care

Avoid hard, cracked, callus skin by soaking and washing your feet in warm water. After drying, massage in wool's fat (lanolin) on all foot surfaces (assuming no allergy to lanolin). Sleep with your feet in open air for good oxygen exchange.

Mind Games

When boredom starts to set in, change the subject! Think of dinner. Observe the clouds. Plan a family outing. Start looking for loose change. If your mind is occupied, it's hard to get bored.

Walking Off Weight

The best way to walk off weight is to walk for time. Sitting down right now you are burning about 1 calorie per minute. When you stand up and start walking, your metabolic rate increases to about 5 calories per minute.

Dietary Reference Intakes (DRI's)

Older Americans Act Nutrition Programs – More Than Just a Meal

“What’s for lunch today?” is a question frequently heard at an Older Americans Act (OAA) nutrition site often a Senior Center. The question is readily answered by the site manager, the cook, or another participant. But, do you know what goes on “behind the scenes” to prepare that meal? Meals served by nutrition programs are made from menus that are carefully written to include adequate nutrients that promote good health and manage chronic disease.

The 2006 amendments to the Older Americans Act (OAA) address several important changes to the OAA Nutrition Program. For the first time, the law documents the purpose of nutrition services:

“1) To reduce hunger and food insecurity;

2) To promote socialization of older individuals; and

3) To promote the health and well being of older individuals in assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health of sedentary behavior.”

The law further requires that all meals must comply with the most recent Dietary Guidelines for Americans and provide for each meal, a minimum of 33 1/3% of the **Dietary Reference Intakes (DRI's)** as established by the Institute of Medicine of the National Academy of Sciences. Dietary Guidelines describe food choices that promote good health. The DRI's help assure that nutrient needs are met.

With the new requirements, you will see some changes in the menus. In order to meet nutrient requirements, an additional serving of bread or a bread alternative and an additional serving of a fruit or vegetable will be served; fats and sodium will be limited. The nutrition providers will continue to serve tasty and healthful meals.

In addition to nutritious meals, the OAA Nutrition Programs also provide other services for older individuals. They include:

- Congregate meal site participation: provides for interaction and socialization.
- Nutrition education: empowers individuals to make behavior changes in eating habits through information on food and nutrition.
- Nutrition counseling: provides individualized information/counseling on specific nutrition issues or concerns.
- Information and referral: connects individuals to other needed services in the community.
- Health maintenance services and exercise programs are also available at many of the nutrition sites.

So, the next time you go to the nutrition site, take advantage of all that it has to offer!

Source: Sheryl Pfliger, Program Administrator, DHS, Aging Services Division

The Delicious Link: Nutrition and Depression -

<http://www.ndsu.nodak.edu/ndsu/aging/mentalhealth/toolkits.htm> - Mental Health & Aging - NDSU Gerontology Program

Anyone who has even felt a rush of pleasure after biting into a delicious chocolate knows that what you eat and how you feel are connected. However, this link may reflect more than the simple enjoyment of the pleasures of dessert. There is an association between proper nutrition and depression. And, as we age, the importance of eating well becomes more and more significant.

Depression

As people age, a number of factors can contribute to depression. Older adults may experience an increase in physical and mental ailments, a decrease in mobility, and they may lose their spouse or other contemporaries. These losses can leave older adults living alone and feeling isolated. These conditions may often lead to a “reactive” type of depression, in which an individual’s down mood can be due to grief over loss of loved ones, loss of physical ability and health, and loss of a former sense of self, brought on by retirement or role changes. This has the potential to develop into a clinical depression, especially when combined with other risk factors such as family history of depression or an imbalance of brain chemicals ¹.

Nutrition

The same conditions that contribute to depression can also contribute to poor nutrition. As physical abilities such as chewing, sense of taste, and hand-eye coordination decline, so does a person’s ability and desire to prepare and eat healthy meals. The decline of mental abilities such as concentration and memory may deter older adults from eating regularly or following a recipe. A decrease in mobility can prevent older adults from maneuvering around the kitchen and making trips to the grocery store. With the loss of a spouse or companion, older adults can find themselves living alone and not wanting to “just cook for one”. Finally, as a result of retirement or the loss of a spouse, household income can be drastically reduced, leaving an older individual with little money to buy healthy food.

The Link between Nutrition and Depression

So, how do poor nutrition and depression relate to each other, aside from having many of the same origins? Studies show that older adults with poor eating habits are more vulnerable to depression ². It has been shown that low levels of the nutrients folate ³, zinc ⁴⁵ B6 and B12 ⁶ can lead to an increased risk of depression. And conversely, those who are clinically depressed often do not maintain a nutritionally balanced diet, either by eating too much or too little ⁷. Thus, poor nutrition can lead to depressive symptoms, and vice versa, resulting in a downward spiral of increasing depression and decreasing nutrition. Proper nutrition and eating habits can help older adults to improve their general health and quality of life, and in turn ward off some of the physical and mental ailments associated with a higher risk of depression.

Improve your nutrition and wellbeing

- Try to eat from each of the food groups: fruits, vegetables, whole grains, dairy, protein.
- Eat a lot of color: fruits and vegetables come in a rainbow of colors. By eating lots of colorful fruits and vegetables, you will get a range of important vitamins and minerals.
- Make sure you get enough:
- **Folate.** Sources include: fortified breakfast cereals, all types of beans,

liver, asparagus, oatmeal, spinach, romaine lettuce and fortified orange juice. Folate is also important for building new cells.

• **Vitamin B12.**

Sources include: organ meats, clams and oysters, eggs, meats and poultry, fish, cheeses and dry milk. Getting enough Vitamin B can also help to ward off anemia and is important for metabolism and creating new blood cells.

• **Vitamin B6.**

Sources include: white meats (poultry, fish, pork), bananas and whole grains. Vitamin B6 is also helpful for maintaining mental sharpness and general health.

• **Zinc.** Sources include: red and white meat, shellfish, and wheat germ.

Zinc also helps boost immunity, brain function, and healing.

Overcome some of your healthy eating “obstacles”

• **If you have trouble chewing**, choose softer versions of your favorite healthy food. Try applesauce instead of apples, soft breads instead of crusty rolls, and wellsimmered beef stew instead of tougher cuts of meat.

• **If your sense of taste has diminished**, try spicing food up with garlic, curry, herbs, or different types of pepper. Try to avoid using too much salt, especially if you have high blood pressure.

• **If you have trouble cooking and moving around the kitchen**, consider purchasing frozen dinners or contacting the congregate and home-delivered meals program at your local senior citizen center or 1-701-577-6752.

If you have trouble getting to the grocery store, find a grocery store that delivers.

• **If money is an issue**, try the following tips: 1) Buy frozen produce instead of fresh. Frozen foods maintain all their nutrients but are a fraction of the cost. 2) Look for “seconds” at the store. These are fruits and vegetables that are still fresh, but can’t be sold at full price because of cosmetic defects. 3) Find a local senior center. Many day programs at community senior centers offer a nutritionally balanced meal at no charge.

• **As people age, their sense of thirst diminishes.** Try to drink 8 8ounce glasses of water, juice, or herbal tea every day.

And don’t forget to bite into that delicious chocolate once in a while!

¹ Cassel, Christine, ed. *The Practical Guide to Aging*. New York: New York University Press; 1999: 178179.

² Boulton, Chad; Krinke, Beate; Urdangarin, Christina; and Skarin, Vicki. *The validity of nutritional status as a marker for future disability and depressive symptoms among highrisk older adults*. Journal of the American Geriatric Society. 1999. 47: 995999.

³ Alpert, Jonathan; Mischoulon, David; Nierenburg, Andrew; Fava, Maurizio. *Nutrition*. 2000. 16: 544581.

⁴ Pepersack, Thierry; Rotsaert, Phillipe; Benoit, Florance; Williems, Dominique; Fuss, Micheal; Bourdoux, P. and Duchateau, Jean. Prevalence of Zinc Deficiency and its clinical relevance among hospitalized elderly. *Archives of Gerontology and Geriatrics*. NovemberDecember 2001. 33(3): 243253.

⁵ McLoughlin, I. & Hodge, J.S. Zinc in Depressive disorder. *Acta Psychiatrica*

Scandinavica. December 1990. 82(6): 451453.

⁶ Bender, David. B Vitamins in the Nervous System. *Neurochemistry International*. 1984. 6(3): 297321.

⁷ Cohen, Donna. Dementia, Depression, and Nutritional Status. *Primary Care*. March 1994. 21(1): 107119.

ALZHEIMER'S

Driving & Alzheimer's

Families struggle with the decision to limit or stop a person with dementia from driving. The person may be upset by the loss of independence and the need to rely on others for going places. This sense of dependence may prevent people with dementia from giving up the car keys. A diagnosis of Alzheimer's disease alone is not a reason to take away driving privileges. Here are some ways to best determine if it is safe for a person with dementia to continue driving.

Warning Signs of Unsafe Driving

- Forgetting how to locate familiar places
- Failing to observe traffic signals
- Making slow or poor decisions
- Driving at inappropriate speeds
- Becoming angry and confused while driving
- Hitting curbs
- Poor lane control
- Confusing the brake and gas pedals
- Returning from a routine drive later than usual

Tips to Limit Driving

- Ask a doctor to write the person a "do not drive" prescription
- Control access to the car keys
- Disable the car by removing the distributor cap or battery
- Park the car on another block or in a neighbor's driveway
- Have the person tested by the Department of Motor Vehicles
- Arrange for another mode of transportation
- Substitute the person's driver's license with a photo identification card (in addition to making the car inaccessible)

Stay Mentally Active

Mental decline as you age appears to be largely due to altered connections among brain cells. But research has found that keeping the brain active seems to increase its vitality and may build its reserves of brain cells and connections. You could even generate new brain cells.

You don't have to turn your life upside down, or make extreme changes to achieve many of these benefits. Start with something small, like a daily walk or crossword puzzles. After a while, add another small change.

Keep Your Brain Active Every Day

- Stay curious and involved – commit to lifelong learning

- Read, write, work crosswords or other puzzles
- Attend lectures and plays
- Enroll in courses at your local adult education center, community college or other community group
- Play games
- Garden
- Try memory exercises
- Take dancing lessons

Source: Alzheimer's Association, Minnesota-North Dakota Spring 2007 Newsletter

For more information on Alzheimer's, contact the following:

Western North Dakota Regional Office
1223 S. 12th Street, Suite 7
Bismarck, ND 58504
(701) 258-4933

STROKE Awareness:

*For more information about stroke risk and prevention,
visit the American Stroke Association at www.strokeassociation.org.)*

Learn the Warning Signs of a Stroke:

Stroke is highly treatable in the first three hours.

Call 9-1-1 IMMEDIATELY if any occur.

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

*You have the **Power To End Stroke**. Call 1-888-4-STROKE.
(Sources taken from Community-Health-
Advocacy-Pfizer Spring 2007)*

TIPS FOR PEOPLE AT RISK FOR TYPE 2 DIABETES:

To learn more, go to the:

- National Diabetes Education Program at www.ndep.nih.gov. Click on the **Small Steps, Big Rewards. Prevent type 2 Diabetes.** link for a free copy of **Your GAME PLAN to Prevent type 2 Diabetes.** You can also call 1-800-438-5383.
- Weight-control Information Network (WIN) at www.win.niddk.nih.gov or 1-877-946-4627.

www.ndep.nih.gov

(Taken from: NIH Publication No. 07-5528 NDEP 75)

Legal Services of North Dakota Senior Legal Hotline

**Age 60+ years: Call Monday through Friday,
8 a.m. – 5 p.m. CT
1-866-621-9886**

<http://ndcpd.misu.nodak.edu/smp/index.shtml> - ND Senior Medicare Patrol – 1-800-233-1737

You can help Fight Medicare Fraud and Abuse! Medicare's Incentive Reward Program for Fraud and Abuse!

To help fight Medicare fraud and abuse, follow these 3 easy steps:

Step 1: Compare your Medicare statement with the services you received from your doctor or other health care provider. If you have questions about the statement or the services provided, **talk first to your doctor or health care provider.**

Step 2: If you still have questions after talking to your doctor or provider, contact your Medicare contractor. The telephone number is listed on your Medicare statement. The contractor will follow-up on your questions and will determine if an investigation is necessary. If the investigation leads to the recovery of the least \$100 from a health care provider, you may be eligible for a reward.

Step 3: If you feel further action is needed in dealing with Medicare fraud or abuse; call the Medicare fraud hotline at: 1-800-447-8477 or you local SMP at 1-800-233-1737. Your call will be taken seriously. If a review of your complaint leads to the recovery of at least \$100 from a provider, you may be eligible for a reward.

To be eligible for a reward:

- ⌚ The information you give must lead to a recovery of at least \$100
- ⌚ The information must not be related to a fraud investigation already underway
- ⌚ You must not be related to an employee of certain Federal government agencies

If the information you provide makes you eligible for a reward, you will be mailed a letter after all Medicare funds have been recovered. Please be aware that investigations take a long time to complete; some take several months or years.

12 Tips to Protect Yourself from Health Care Fraud

1. Only visit your personal doctor, hospital or clinic for medical help. Only they should make referrals for special equipment, services or medicine.
2. Never show anyone your medical or prescription records without first talking to your doctor or pharmacist.
3. If someone calls and tries to threaten or pressure you into something – simply hang up the phone.
4. If someone comes to your door and says they are from Medicare or some other health care company shut the door...*It's shrewd to be rude!*
5. Do your homework and talk to your health care provider before buying or investing in internet “cure-all” or “miracle” products or services.
6. Don't keep mail in your mailbox for more than one day. People steal personal information right out of your mailbox.
7. Rip up or shred your Medicare or other health care papers and other important documents before throwing them away. *Crooks go through the trash!*
8. Treat your Medicare & Social Security numbers like credit cards. If someone offers to buy your Medicare or social security number, **don't** do it...it's simply not worth it.
9. Remember that “Medicare” doesn't sell anything.
10. Follow your instincts—if it seems too good to be true, it usually is!
11. If you suspect an error, fraud or abuse related to health care, gather the facts and report it.
12. **ALWAYS** read your Medicare Summary Notice (MSN) or health care billing statement. Your Medicare Summary Notice is the piece of mail stamped “This is Not a Bill” that comes in after you get medical care.